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	TE BOARD
W.	1103

FORM

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Full name and complete mailing address of Political Committee:

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES	
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK	

Quarterly Report:	
 (Check one:)	

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rd	 4 th	

Final Report (Fund balance on Line E must be \$0)

Amendment of the	Report	Indicated	Above

FOR DE LE USE ON TO

OCT 1 5 REC'D

STATE BOARD OF ELECTIONS CHICAGO, ILLINOPS

COMMITTEE ID #

Friends of Kristal 91 E. Haines Dr. Hainesville, IL 60030	36897-3
E-mail address: kristalforclerk@gmail.com	HECK FOR E-MAIL ADDRESS CHANGE
REPORTING PERIOD CASH AVAILABLE AT BEGINNING	ALL POLITICAL COMMITTEES RETURN TO:
July, 1 Sept, 30 \$.01 FROM THRU Repeat this amount in SECTION D, Line (A)	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR 69 W WASHINGTON ST, STE LL-08 SPRINGFIELD, IL 62704-4503 CHICAGO, IL 60602-3026
SECTION A — RECEIPTS	SECTION B — EXPENDITURES
1. Individual Contributions a. Itemized (from Schedule A): \$ (1a) b. Not-Itemized: \$ 125.00 (1b)	6. Transfers Out a. Itemized (from Schedule B): \$(6a) b. Not-Itemized: \$(6b)
2. Transfers In a. Itemized (from Schedule A): \$(2a)	7. Loans Made a. Itemized (from Schedule B): \$(7a)
b. Not-Itemized: \$(2b)	b. Not-Itemized: \$(7b)
a. Itemized (from Schedule A): \$250.00 (3a)	8. Expenditures a. Itemized (from Schedule B): \$\frac{250.00}{(8a)}\$
b. Not-Itemized \$(3b)	b. Not-Itemized \$ <u>125.00</u> (8b)
4. Other Receipts a. Itemized (from Schedule A): \$(4a)	9. Independent Expenditures a. Itemized (from Schedule B-9): \$(9a)
b. Not-Itemized \$(4b)	b. Not-Itemized \$(9b)
TOTAL RECEIPTS (1a thru 4b) \$375.00 (TR)	TOTAL EXPENDITURES (6a thru 9b)\$375.00 (TE)
5. In-Kind Contributions	SECTION C — DEBTS AND OBLIGATIONS (Include previously reported unpaid debts)
a. Itemized (from Schedule I): \$(5a)	10. a. Itemized (from Schedule C): \$(10a)
b. Not-Itemized \$(5b)	b. Not-Itemized \$(10b)
TOTAL IN-KIND (5a + 5b) $\frac{375.00}{}$ (TI)	TOTAL DEBTS & OBLIGATIONS \$
******************	SECTION D — CASH BALANCE
Name and address of person submitting this report <u>if other</u> than the committee's Chair or Treasurer:	Cash available at beginning of reporting period: \$.01 (A)
	Total Receipts from Section A (TR): \$375.00 (B)
· · · · · · · · · · · · · · · · · · ·	Total cash (A) plus (B): $\$\frac{375.01}{}$ (C)
	Total Expenditures from Section B (TE): \$375.00 (D)
	Funds available at close of reporting period (C minus D): \$.01 (E)
	Investments total (if applicable): \$(F)
VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIB	UTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND WIEDGE AND BELIEF IS A TRUE CORRECT AND COMPLETE REPORT AS REQUIRED BY

STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

PAGE 1 OF 2

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

10/13/2021

DATE

NAME OF POLITICAL COMMITTEE:	REPORTING PERIOD		FOR (FOR OFFICE USE ONLY	
	July 1, 202	1	Sept 30, 2021		
		OM	THRU		
SCHEDU	LE A				
RECEIP	TS				
CHECK THE PART OF FORM D-2, SE	CTION A, BEIN	G ITEMIZE	D:		
PART #1- INCLUDING TICKETS AND RAFFLE S	ALES PAR	T#3- INCL	<u>NS RECEIVED</u> .UDING ORSER	POLITI	CAL COMMITTEE IDENTIFICATION
TRANSFERS IN PART #2- POLITICAL COMMITTEE CONTRIBUTIONS INCLUDING TICKET AND RAFFLE SALES PART #4- OTHER RECEIPTS		No. 36897-3			
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DIS	CLOSURE" FO	R GUIDA	
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOU	JNT OF EACH REG	CEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
Kristal Larson 91 E. Haines Dr.	07/01/21	\$ ^{250.00}			\$ 250.00
Hainesville, IL 60030		Self	EMPLOYER:		OCCUPATION: Software Consultant
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
	EMPLOYER:			OCCUPATION:	
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
USE A SEPARATE SCHEDULE A FOR EACH P.	ARTS 1, 2, 3,	<u> </u>	TOTA	L THIS PE	RIOD \$ 250.00

NAME OF POLITICAL COMMITTEE: REPORTING		ING PERIOD	G PERIOD		FOR OFFICE USE ONLY	
	,	July 2021	Sept 2021			
	_	FROM	THRU			
SCH	DULE	В				
EXPE	NDITURI	ES				
CHECK THE PART OF PART #6 TRANSFERS OUT EXPENDITURES TO POLITIC COMMITTEES - INCLUDING RAFFLE PURCHASES	CAL	PART #7	LOANS MADE			COMMITTEE NTIFICATION No.
SEE PAMPHLET "A	A GUIDE TO	CAMPAIGN D	ISCI OSURE	' FOR	GUIDANCE	
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	DUDDOSE	BENEFICIARY	AMOI EXPEI RI	JNT OF EACH NDITURE THIS EPORTING PERIOD	ACCRECATE
Be You Tiful Initiative BY N. M.L. Henry Rd. Buffile Crone, IL 60089	7/14/2021	Marketing	Committee	250.00		250.00
			,			
			1			
USE SEPARATE SCHEDULE B FOR EACH P	ARTS 6, 7, & 8		-	TOTAL	THIS PERIOD :	\$ 250.00

PAGE 1